

FEE TRANSMITTAL

Application Number 10/705,813
Filing Date November 10, 2003
Inventor(s) Milind Kulkarni
Examiner Name Robert M. Kunemund
Attorney Docket Number MEMC 02-0201 (3035.1)

Art Unit 1722
Confirmation No. 5409

☐ Applicant claims small entity status.

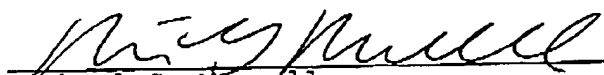
METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____
2. ☐ EXCESS CLAIM FEES
- Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$0.00
Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$0.00
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)
- Subtotal (2) \$0.00
3. ☐ APPLICATION SIZE FEE
- Total Pages N/A - 100 = N/A ÷ 50 = 0 x \$ ____ = \$0.00
(Application + Drawings) (round up to whole #)
- Subtotal (3) \$0.00
4. ☒ OTHER FEE(S)
- ☒ One (1) month extension of time
☐ Information disclosure statement
☐ 37 CFR 1.17(q) processing fee
☐ Non-English specification
☐ Notice of Appeal
☐ Filing a brief in support of appeal
☐ Request for oral hearing
☐ Other: _____
- Subtotal (4) \$120.00

TOTAL AMOUNT OF PAYMENT \$120.00


Michael G. Munsell
Reg. No. 43,820

4/28/06
Date
Telephone: 314-231-5400

MGM/clh

Via Facsimile - 571-273-8300